

Appendix 1

Terms of References for the Joint Stroke Strategy Working Group and Task Groups

**Ministry of Health and Long-Term Care
And the Heart and Stroke Foundation of Ontario**

**JOINT STROKE WORKING GROUP
Terms of Reference**

Context:

- About 85% of strokes are ischemic, occurring when a blood clot blocks an artery, choking off oxygen and nutrients to a section of the brain. The rest are hemorrhagic strokes and result from ruptured vessels that flood the brain with blood. Before treatment can be given, a CT scan and other diagnostic tests must take place to confirm that the stroke is ischemic in nature.
- Stroke is the third-leading cause of death and the leading cause of long-term disability in Canada. Stroke-related costs in Ontario were estimated at \$857 million in 1994/95. By the year 2006, the incidence of stroke is expected to increase by 32%, and those numbers could jump to 68% within two decades.
- There has been a paradigm shift in the medical approach to acute stroke care. While stroke care was traditionally centered almost exclusively on rehabilitation, stroke is now recognized as both preventable and treatable.
- Experts estimate that with optimal primary and secondary prevention programming, including such steps as controlling high blood pressure and cholesterol, the rate of stroke could be dramatically reduced by up to 80%.
- The recent advent of thrombolytic therapy (t-PA) has highlighted the need for responsive crisis intervention and more coordinated acute care for stroke victims. t-PA refers to drugs used in the early treatment of acute ischemic stroke to dissolve clots and restore circulation.
- Studies from the United States (where t-PA was approved in 1996) show that with t-PA, strokes can literally be stopped in progress, limiting the extent of brain injury, improving the outcome for the patient, and substantially reducing costs to the health system. To be effective, t-PA must be administered within 3 hours of the onset of the stroke.
- While other treatments are likely to emerge in the future, the issues raised by t-PA's release, i.e., those of access, timing and coordination, will continue to be central to the success of stroke care.
- A recent survey of current stroke care programs offered in Ontario hospitals found wide inter-institutional variations in the acute management of stroke across the province. Highlights include: only 34% of acute hospitals currently have stroke

care maps, only 24% of acute hospitals have an emergency room stroke protocol, only 4% of acute hospitals have dedicated stroke units, and there is a 2-hour wait for an urgent CT scan of the head at hospitals with a scanner and a 12-hour wait at hospitals without one. Additionally, 22 hospitals in Ontario currently administer t-PA while 15 sites plan to do so within the next year.

- While the need to develop and implement effective stroke prevention and emergency/acute care strategies has been clearly identified, stroke rehabilitation remains a crucial component of organized care. Numerous comparative studies demonstrate that stroke patients receiving timely interdisciplinary rehabilitation have significantly improved outcomes.

Mandate:

- To make recommendations to the Ministry of Health to :
 - a) identify existing critical gaps and develop new approaches for strengthening current stroke prevention programming;
 - b) establish a coordinated, responsive system of emergency and acute stroke care that provides stroke victims with timely access to diagnostic testing and the most effective available treatments on a province-wide basis; and
 - c) In concert with the broader reform of provincial rehabilitation programming, examine the unique challenges of stroke rehabilitation.

Objectives:

The working group will:

1.
 - a) Examine current prevention initiatives in the areas of public education and health promotion to identify gaps and strengthen current programming.
 - b) Develop and ensure the availability of training materials for primary care givers on modifiable risk factors and other stroke prevention interventions.
2. Define a coordinated system of regional acute stroke networks that ensures people experiencing a stroke receive the necessary treatment in a timely manner.
3.
 - a) Define the roles and responsibilities of regional stroke care services.
 - b) Define the roles and responsibilities of “feeder” hospitals in the region.

- c) Establish guidelines to assist all acute care hospitals in developing stroke care maps.
 - d) Define protocols for transfers between hospitals within regions and among regions.
4. Review and if necessary modify transfer and urgency protocols and training materials for 911 dispatchers and emergency technicians/paramedics to ensure appropriate early intervention and rapid transfer of stroke patients to designated centres.
 5. Develop model protocols for emergency departments of designated stroke services. These will include evidence-based guidelines regarding various diagnostic tests, CT and MRI scans, and the administration of t-PA.

Membership of the Joint Stroke Working Group:

Co-Chairs:

Dr. Paul Gamble, Heart and Stroke Foundation of Ontario
Phil Jackson, Acting Director, Strategic Health Policy, Ministry of Health

Ministry of Health and Long-Term Care:

Kathy Clarke, Mental Health and Rehabilitation Reform Branch
Dr. Colin D’Cunha, Public Health Branch
Al Erlenbusch, Emergency Services Branch
Ricki Grushcow, Operational Support Branch
Dr. Karin Kurji, Public Health Branch
Bruce Maitland, Program Policy Branch

External Members:

Brent Browett, Paramedic, Hamilton
Dr. Peter Glynn, CEO Kingston General Hospital
Dr. Andy Hurtubise, Family Medicine, New Liskeard, Ontario
Mary Lewis, Manager, Government Relations, HSFO
Dr. H. Michael O’Connor, Emergency Medicine, Kingston, Ontario
Dr. Frank Silver, Acute Stroke Management, Toronto, Ontario
Dr. Rajka Soric, Psychiatrist, Toronto
Dr. J. David Spence, Stroke Prevention, London, Ontario
Elizabeth Wonnacott, Emergency Nursing Specialist, Toronto

Project Coordinator:

Heather Hase
Strategic Health Policy Branch, Ministry of Health

Writer/Consultant to the Group:

Corinne Hodgson

Economic Analysis:

Muhammad Mamdani, Associate Scientist, Institute for Clinical & Evaluative Sciences

Reporting :

The Working Group will report to the Assistant Deputy Minister, Integrated Policy and Planning and will also provide regular reports to the Stroke Steering Committee.

Timeframe: March 2000

Note: Three expert task groups were also established to develop recommendations for the Joint Stroke Working Group in the areas of Health Promotion/Prevention, Emergency/Acute Care, and Measuring and Monitoring Outcomes. A fourth group, the Stroke Rehabilitation Consensus Panel, convened by the HSFO, provided recommendations on Stroke Rehabilitation. Membership of these four committees follows:

Health Promotion/Prevention Task Group

Co-Chairs:

Charles Clayton, Strategic Health Policy Branch, Ministry of Health
Dr. J. David Spence, Stroke Prevention, London

Membership:

Ministry of Health and Long-Term Care:

Myrna Gough, Health Promotion Branch
Carrie Hayward, Program Policy Branch Branch

External Members:

Dr. Geoff Dunkley, Chief Medical Officer of Health, Ottawa
Dr. John Feightner, Family Physician, Epidemiologist, London
Dr. Andre Hurtubise, Family Physician, New Liskeard
Sandra Ireland, Stroke Nursing Specialist, Hamilton
Chris O'Callaghan, Regional Stroke Coordinator, London
Neila Poscente, Vice President, Health Promotion, HSFO

Project Co-Ordinator:

Heather Hase, Strategic Health Policy Branch, MOHLTC

Writer/Consultant:

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Acute/Emergency Task Group:

Co-Chairs:

Ricki Grushcow, Operational Support Branch, MOHLTC
Dr. Frank Silver, Acute Stroke Management, Toronto

Membership:

Ministry of Health and Long-Term Care:

Al Erlenbusch, Emergency Health Services
Bruce Maitland, Program Policy Branch
Steve Patterson, Health Planning Branch

External Members:

Cindy Bolton, Regional Stroke Coordinator, Kingston
Brent Browett, Paramedic, Hamilton
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Dr. Walter Montanera, Radiologist, Toronto
Dr. David Mutrie, Emergency Medicine, Thunder Bay
Dr. H. Michael O'Connor, Emergency Medicine, Kingston
Breeda O'Farrell, Nurse Practitioner, Case Manager, London

Project Coordinator:

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Rehabilitation Consensus Panel

Chair:

Wendy Nelson, VP Patient Services, Mississauga

Membership:

Dr. Stephen Bagg, Psychiatrist, Kingston
Charles Black, Canadian life and Health Insurance Assn., Toronto
Dr. Sandra Black, Stroke Neurologist, Toronto
Shelly-Kay Cardwell, Clinical Nurse Specialist, Hamilton
Kathy Clarke, Mental Health & Rehabilitation Reform Branch, MOHLTC
Gwen Dubois-Wing, Northwestern District Health Council, Thunder Bay
Dr. Barry Goldlist, Geriatric Medicine, Toronto
Jo Harris, Access Centre for Community Care, Smith Falls
Dr. Andre Hurtubise, Family Physician, New Liskeard
Sharon Jankowski, Director, Rehabilitation, London
Moira Kapral, Clinical Epidemiologist, ICES
Dr. Kai Sai Lam, Psychiatrist, Hamilton
Art Lapres, HSFO volunteer and stroke survivor
Mary Lewis, Manager, Government Relations, HSFO
Anne-Marie Malek, VP Programs, West Park Hospital, Toronto
Dr. Shawn Marshall, Psychiatrist, Ottawa
Mary-Ann Neary, Speech Pathologist, Toronto
Sera Nicosia, Neuroscience Program Stroke Coordinator, Hamilton
Ron Quan, Partner of a Stroke Survivor, Toronto
Sally Quan, Stroke Survivor (Deceased, December 25, 1999)
Dr. Robert Teasell, Physical Medicine and Rehabilitation, London
Beverly Townsend, VP Quinte Healthcare Corporation, Belleville
Marnie Weber, Toronto Region, MOHLTC
Anne Wells, York-Durham Aphasia Centre, Stouffville
Dr. Marisa Zorzitto, Geriatric Medicine, Toronto

Project Manager/Consultant to the Panel:

John Krauser, Mississauga

Chair, HSFO Stroke Strategy Steering Committee:

Barry Monaghan, West Park Hospital, Toronto

Measuring/Monitoring Task Group

Co-Chairs:

Mary Lewis, Heart and Stroke Foundation of Ontario
Ann-Marie Strapp, Strategic Health Policy Branch, MOHLTC

Membership:

Ministry of Health and Long-Term Care:

Alan Norwich, Strategic Health Policy Branch
Stephen Patterson, Health Planning Branch
Hanita Tiefenbach, Corporate Policy Branch, Research Unit

External Members:

Barbara Bell, Manager, Performance Measurement, Toronto
Dr. Raisa Deber, Professor, Health Administration, University of Toronto
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Dr. Bill Sibbald, Asst. Dean of Clinical Evaluation, Critical Care Consultant, London
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